



Department of Parks and Recreation

Name of Parent or Adult Registrant Home Phone email

Home Address: Street Work Phone Work Phone

City State/Zip

Emergency Contact: Name Phone

1

Course Number Title of Program Fee Enclosed

Section Number Location Day Time Date

Name of Registrant Date of Birth If Child: Age/Grade

2

Course Number Title of Program Fee Enclosed

Section Number Location Day Time Date

Name of Registrant Date of Birth If Child: Age/Grade

3

Course Number Title of Program Fee Enclosed

Section Number Location Day Time Date

Name of Registrant Date of Birth If Child: Age/Grade

I agree to abide by all Rules and Regulations of the City of Imperial Department of Parks and Recreation. I acknowledge that my (my child) participation in programs offered by the City of Imperial exposes me (my child) to the risk of personal injury, death or property damage. I hereby acknowledge that I am voluntarily participating in this program and agree to assume any such risks. In consideration for being permitted to participate in the program, taught or sponsored by the City of Imperial, I hereby agree, for myself, my heirs, administrators, executors and assigns, that I shall indemnify and hold harmless City of Imperial, its officers, agents or employees from any and all claims, demands actions or suits arising out of or in connection with my participation in the program. I hereby release, discharge and agree not to sue the City of Imperial, Imperial Unified School District, its officers, agents or employees for any injury, death or damage to or loss of personal property arising out of, or in connection with, my participation in the program from whatever cause, including the active or passive negligence of the CITY, its officers, agents or employees or any other participants in the program. I hereby consent to my child's (children's) participation in this (these) programs.

NOTE: By signing this agreement, you are agreeing to release photo, video or film likeness rights to be used for any legitimate purpose by the event holders, sponsors, directors and their agents or assigns.

I HAVE CAREFULLY READ THIS RELEASE, HOLD HARMLESS AND AGREEMENT NOT TO SUE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT IT IS A FULL RELEASE OF ALL LIABILITY AND SIGN IT ON MY OWN FREE WILL. I FURTHER CERTIFY THAT I AM THE PARENT OR GUARDIAN OF THE ABOVE NAMED PARTICIPANT.

Parent/Guardian: _____

Date: _____

Make check payable to City of Imperial
Mail to Attn: Registration
Parks & Recreation Department
400 S. Imperial Ave.
Imperial, CA 92251

For Office Use Only:
Date received _____
Amount received _____
Initials _____